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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73267 (9)

1. Corporation Name
COMMUNICATION SERVICES OF MIAMI, INC.



Principal Place of Business

1641 SW 8 ST
MIAMI FL 33135
US

Mailing Address

P.O. BOX 453222
MIAMI FL 33245-3222
US

3. Date Incorporated or Qualified 10/22/1992
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 5840 W. FLAGLER ST.

Suite, Apt. #, etc.

22 Suite 1

City & State

23 MIAMI, FL

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0364925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOY, JOSE MANUEL, JR.
12435 SW 143 LN.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

JOSE M. NOY, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

5840 W. FLAGLER ST.

83

Suite 1

84 City

MIAMI

FL

85 Zip Code

33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature by registered agent or principal officer and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NOY, JOSE MANUEL, JR.
STREET ADDRESS 12435 SW 143 LN.
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JOSE M. NOY, JR.
1.3 STREET ADDRESS 5840 W. FLAGLER ST. Suite 1
1.4 CITY-ST-ZIP MIAMI FL 33144

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)